

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PLI-980
First Named Inventor	Mary Ziping Luo
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled,

GLASS BOTTLE PROTECTIVE ENCLOSURE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:



Customer Number  
or Bar Code Label

24984

OR ☐

Correspondence address below

Name



Address

24984

PATENT TRADEMARK OFFICE

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name

Mary Ziping

Family Name  
or Surname

LUO

(first and middle (if any))

Inventor's  
Signature

*Mary Ziping Luo*

Date

11/30/01

Residence: City

South El Monte

State

CA

U.S.A.  
Country

Citizenship

U.S.A.

Mailing Address

1886 Santa Anita Avenue

Mailing Address

1886 Santa Anita Avenue

City

South El Monte

State

CA

ZIP

91733

Country

U.S.A.

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Jack Yongfeng

Family Name  
or Surname

Zhang

(first and middle (if any))

Inventor's  
Signature

*Jack Zhang*

Date

11/30/01

Residence: City

South El Monte

State

CA

U.S.A.  
Country

Permanent  
Citizenship

Mailing Address

1886 Santa Anita Avenue

Mailing Address

1886 Santa Anita Avenue

City

South El Monte

State

CA

ZIP

91733

Country

U.S.A.

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Type a plus sign (+) inside this box → ☐

# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor																			
Given Name	Frank					Middle Initial	Z.					Family Name	Xia					Suffix e.g. Jr.											
Inventor's Signature	<i>Frank Xia</i>										Date	11/31/01																	
Residence: City	South El Monte					State	CA					Country	U.S.A.					Citizenship	PR										
Post Office Address	1886 Santa Anita Ave.																												
Post Office Address	1886 Santa Anita Ave.																												
City	South El Monte					State	CA					Zip	91733					Country	USA					Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor																			
Given Name	Rong					Middle Initial						Family Name	Zhou					Suffix e.g. Jr.											
Inventor's Signature	<i>Rong</i>										Date	11/30/01																	
Residence: City	South El Monte					State	CA					Country	U.S.A.					Citizenship	PR										
Post Office Address	1886 Santa Anita Ave.																												
Post Office Address	1886 Santa Anita Ave.																												
City	South El Monte					State	CA					Zip	91733					Country	U.S.A.					Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor																			
Given Name	Denny R. S.					Middle Initial						Family Name	KO					Suffix e.g. Jr.											
Inventor's Signature	<i>Denny R. S. KO</i>										Date	11/30/01																	
Residence: City	South El Monte					State	CA					Country	U.S.A.					Citizenship	USA										
Post Office Address	1886 Santa Anita Ave.																												
Post Office Address	1886 Santa Anita Ave.																												
City	South El Monte					State	CA					Zip	91733					Country	U.S.A.					Applicant Authority					
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor																			
Given Name						Middle Initial						Family Name						Suffix e.g. Jr.											
Inventor's Signature											Date																		
Residence: City						State						Country						Citizenship											
Post Office Address																													
Post Office Address																													
City						State						Zip						Country						Applicant Authority					

☐ Additional inventors are being named on supplemental sheet(s) attached hereto